

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION  
 O.I.P.E. CLASSIFIER  
 FORMALITY REVIEW  
 RESPONSE FORMALITY REVIEW

5-25  
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## INDEX OF CLAIMS

Rejected  
 Allowed  
 Canceled  
 Restricted

N  
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 A  
 O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date
1	5-25
2	5-25
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14	M
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16	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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